U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	/ 2002			·					
1. File Number U - 5 005					2. Fiscal Year Covered From:				
					1/1/2	2004 Through:	12 / 31	/ 2004	
3. Name and address of person filing.				4. Name, file number, and address of labor organization.					
Name	Duane	MShaw		Name Laborers' Int'l Union of No. America Local 574					
				Labor	Organization File Nur	mber 013-320	nocensus and a second		
P.O. B	ox, Bldg., Room No., if any			P.O. E	ox, Building and Roo	m Number, if any			
Street	1585 Harding High	way East		Street	1585 Harding	Highway Eas	to the second se		
City	Marion			City	Marion				
State	Ohio :::	ZIP Code + 4	43302	State	Ohio		ZIP Code + 4	43302	
5. Positi	on in labor organization.	usiness Manager/	Secretary-Tr	eas.	and the second s				
6. Name	and address of Employer (in			· •	e ents or is actively sure of Interest, Transa		sent.		
P.O. B	ox, Bldg., Room No., if any	yn ann dan deil wirei sier wie der still o word det liche dan der hebende de der der der der der der der still er steller alle still der			successes an example in the success of the succes		paga kangangan kangangan kangangan kangangan kangangan kangangan kangan kangan kangan kangan kangan kangan kan	m skill krym kin skil for skal tre sesse a mele mene skine kin skilad e skil kin je skilad skal tre skilad e sk	
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City		\$\rightarrow\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot			and an amount	nn an thailt an			
State		ZIP Code + 4						· · · · · · · · · · · · · · · · · · ·	
			Sign	ature	1 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
submi	gnature and verification. T tted in this report (including t signed's knowledge and beli	he information contained	in any accompany	ing docum	ents), has been exam	ined by the signat	ory and is, to the	best of the	
B PRIVE	A State of the sta	0.00		*	Date	To	elephone Numbe) 	

Name of Person Filing Duane Shaw	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with: a. Labor Organization b. Trust c. Employer						
Name LDC & C Pension Fund of Ohio							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street 7420 Worthington-Galena Rd.							
City Worthington							
State Ohio ZIP Code + 4 43085							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name	Employer, whose employees District Council and LIUNA Local 574 represent, pays contributions on behalf of						
Trade Name, if any:	employees to Trust Fund.						
P.O. Box, Bldg., Room No., if any							
Street	11.b. Approximate dollar value of such dealing. \$113						
City	12.a. Nature of interest held or income received.						
State ZIP Code + 4	Mileage to April 7, 2004 and October 19, 2004 Board Meetings Tiffin, OH to Columbus, OH and back.						
	12.b. Amount.						
	12.5. Altour.						
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Form LM-30 (2003)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your bibor organization represents of a leasing with speak period or an employer whose employees your bibor organization is presented or a leasing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (Including trade name, if any). Name CLDC-OCA Cooperation & Riducation Trust Fund Trade Name, If any:	substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ 8. Name and address of Business (including trade name, if any).	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise nization is interested.			
Name OLDC-OCA Cooperation & Education Trust Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Street [88 Mo. Pifth St. Cay Columbus State Onio ZIP Code + 4 [33215] 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4					
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street [88 No. Fifth St. City Columbus State Ohio ZiP Code + 4 [43215] 10. If 9.b. or 9.c. is checked give trust or employer's name. Name	Name OLDC-OCA Cooperation & Education Trust Fund	9. Business deals with:			
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P.O. Box, Bidg., Room No., if any Street SB No. Fifth St.	Trade Name. if any:	a. Labor Organization			
State Si No. Fifth St.	geographic production and the contract of the	Secretarian			
City Columbus State Ohio ZIP Code + 4 43215 10. If 9.b. or 9.c. is checked give trust or employer's name. Name					
State Ohio ZIP Code + 4 43215 10. If 9.b. or 9.c. is checked give trust or employer's name. Name		seal.			
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Local 574 represent, pays contributions on behalter than the provided Holder of State Trust Fund.	10. If 9.b. or 9.c. is checked give trust or employer's name.				
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